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# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	09/775,925
Filing Date	February 1, 2001
First Named Inventor	Ralf M. Luche
Group Art Unit	1646
Examiner Name	Not yet assigned
Attorney Docket No.	200125.420

TECH CENTER 2822 RECEIVED  
FEB 1 2001**ENCLOSURES (check all that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form  | <input type="checkbox"/> Assignment Papers<br>(for an Application)                             | <input type="checkbox"/> CD(s), Number<br>of CD(s) _____   |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance   |
| <input type="checkbox"/> Amendment/Response  | <input type="checkbox"/> Request for Corrected Filing<br>Receipt                               | <input type="checkbox"/> Communication to Group  |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to<br>Board of Appeals and<br>Interferences        |
| <input type="checkbox"/> Affidavits/declaration(s)   | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to<br>Group (Appeal Notice, Brief,<br>Reply Brief) |
| <input type="checkbox"/> Extension of Time Request   | <input type="checkbox"/> Petition to Convert to a<br>Provisional Application                   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Express Abandonment<br>Request  | <input type="checkbox"/> Power of Attorney,<br>Revocation, Change of<br>Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input checked="" type="checkbox"/> Supplemental Information<br>Disclosure Statement; Form<br>PTO-1449 | <input type="checkbox"/> Declaration   | <input checked="" type="checkbox"/> Return Receipt Postcard                                      |
| <input checked="" type="checkbox"/> 8 Cited References   | <input type="checkbox"/> Statement under 37 CFR<br>3.73(b)                                     | <input checked="" type="checkbox"/> Additional Enclosure(s)<br>(please identify below):          |
| <input type="checkbox"/> Certified Copy of Priority<br>Document(s)                                     | <input type="checkbox"/> Terminal Disclaimer   | <u>Copy of International Search</u>  |
| <input type="checkbox"/> Response to Missing Parts<br>under 37 C.F.R. 1.52 or 1.53                     | <input type="checkbox"/> Small Entity Statement  | <u>Report for PCT/US01/03429</u>   |
| <input type="checkbox"/> Response to Missing<br>Parts/Incomplete Application                           | <input type="checkbox"/> Request for Refund  | _____  |

**Remarks****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual Name Stephen J. Rosenman, 43,058



00500

PATENT TRADEMARK OFFICE

Signature

Date

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service

Signature

Date